

Individual Password Reset Request

Purpose: This form enables individuals who have established an online filing account in the **Taxpayer Service Center (TSC-IND)** to access the account if both the account password and answers to the account security questions have been forgotten. Joint filers must use the Social Security Number (SSN) and password created by the primary filer to access the **TSC**. The primary filer is generally the first person listed on the joint return. Requests for access to joint accounts must contain the information and signatures of both the primary and secondary account holders. **Note:** If your filing status changed since your last return, you may not be able to file using the **TSC**. Visit the FAQ's Taxpayer Answer Center on the Department of Revenue Services (DRS) website at **www.ct.gov/DRS** for additional filing information.

To authenticate your identity, **print** your name(s) and mailing address exactly as shown on your most recently filed tax return for this tax account. Joint accounts must contain information for both the primary and secondary filers.

1. Primary filer's name _____ 2. Last 4 digits of your SSN _____

3. Secondary filer's name _____ 4. Last 4 digits of secondary SSN _____
(Required for joint accounts)

5. Address _____
Number, street, city, state, ZIP code
(Exactly as shown on your most recently filed return for this tax account.)

6. **TSC** email address _____
(As originally entered in the **TSC**)

7. Provide federal adjusted gross income (FAGI) as shown on Section 2, Line 1 of the last Connecticut income tax return filed for the account you are requesting access to.

Tax Year: _____ **FAGI:** _____

Indicate how you would you like this information sent and provide us with the necessary address or number below:

☐ Emailed ☐ Faxed ☐ Mailed

Email address, if different from above: _____

Fax number: _____

Mailing address, if different from above: _____

You will receive a temporary password to access your account in the **TSC**.

Both primary and secondary filers must sign below to receive access to joint accounts.

Declaration: I (We) declare under penalty of law that I have examined this document and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Please sign here.	Primary filer _____	Date _____
	Secondary filer _____	Date _____

Mail to: Department of Revenue Services
State of Connecticut
TPS – TSC Coordinator
25 Sigourney St Ste 2
Hartford CT 06106-5032

or Fax to: 860-297-4929